## F16000000003

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	<u>.                                    </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		1
	Office Use Or	



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**Division of Corporations** 

2021 . -- -- -- 0:07

November 14, 2020

JASON T GASKILL 1800 SECOND STREET, STE 884 SARASOTA, FL 34236

SUBJECT: RILEY FAMILY CORPORATION

Ref. Number: F16000000003

We have received your document for RILEY FAMILY CORPORATION and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 620A00022860

## COVER LETTER

TO:

TO:	Amendment Section Division of Corporations		
SHRII	FCT. RILEY FAMILY CORPORATION		
Name	ECT: RILEY FAMILY CORPORATION of Corporation		
DOCL	MENT NUMBER: F16000000003		
The en	closed Statement of Change of Register	red Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning the	nis matter to the following:	
Jason T	ľ. Gaskill		
Name	of Contact Person		
Gaskill	Law Firm, P.A.		
Firm/C	Company		
1800 S	econd Street, Ste. 884		
Addres	58		
Saraso	ta, Florida 34236		
City/St	tate and Zip Code		
	jason@gaskillpa.com		
E-mai	l address: (to be used for future annu	ial report notification)	
For fur	ther information concerning this matter	, please call:	
Jason 1	Γ. Gaskill	at (941 ) 926-6039 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the	ne Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Minnesota r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: RILEY FAMILY COPORATION
2. The principal	2220 LUVINGTON, AVONEU SOUTH
	MENDOTA HEIGHTS, MN 55120
3. The mailing a	ddress (if different): same
4. Date of incorp	poration/qualification: April 11, 1997 Document number: F16000000003
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	GREENSPOON MARDER, P.A.
	200 EAST BROWARD BLVD., SUITE 1800
	FORT LAUDERDALE, FL 33301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Gaskill Law Firm, P.A Jason Gaskill
	1800 Second Street, Ste. 884
	P.O. Box NOT acceptable
	Sarasota, FL 34236
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer to board, or the corporation has been notified in writing of the change.
Signatu	off an officer obdirector Printed or typed name and type
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the speen notified in writing of this change.
	/. c/. 2021
Sig	nature of Registered Agent Date
0 2	half of an entity:
	yped or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*